

**Section VI: Attachments (check all that are included)**

**A. For all applicants: (Refer to instructions for applicability.)**

- ☐ 1. Authorizing resolution
- ☐ 2. Letters of support
- ☐ 3. Map of project location and boundaries
- ☐ 4. Itemized expenses
- ☐ 5. For projects that entail sending samples to the State Laboratory of Hygiene (SLOH) only: a completed SLOH Projected Cost Form
- ☐ 6. Project scope/description:
  - ☐ a. Description of project area
  - ☐ b. Description of problem to be addressed by project
  - ☐ c. Discussion of project goals and objectives
  - ☐ d. Description of methods and activities
  - ☐ e. Description of project products or deliverables
  - ☐ f. Description of data to be collected, if applicable
  - ☐ g. Description of existing and proposed partnerships
  - ☐ h. Discussion of role of project in planning and/or management of lake
  - ☐ i. Timetable for implementation of key activities
  - ☐ j. Plan for sharing project results
  - ☐ k. Other information in support of project not described above

**B. For applicants that are Lake Management Organizations (LMOs), River Management Organizations (RMOs) or Non-profit Conservation Organizations (NCOs):**

- ☐ 1. For first time applicant LMOs/RMOs only: A completed Form 8700-226 (Lake Association Organizational Application) or 8700-287 (River Management Organization Application)
- ☐ 2. For first time applicant NCOs only: Copy of IRS 501(c)(3) determination letter and copies of your Articles of Incorporation and Bylaws
- ☐ 3. List of national and/or statewide organizations with which you are affiliated
- ☐ 4. List of board members' names, including municipality and county of residence. Designate officers
- ☐ 5. Documentation of current financial status
- ☐ 6. Brochures, newsletters, annual reports or other information about your organization

**C. Education, Prevention and Planning Projects: (No additional attachments required.)**

**D. Early Detection and Rapid Response Projects:**

- ☐ 1. APM Permit

**E. Established Infestation Control Projects:**

- ☐ 1. Management Plan
- ☐ 2. APM Permit

**Section VII: Certification**

I certify that information in this application and all its attachments are true and correct and in conformity with applicable Wis. Statutes.

Print/Type Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date Signed